U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2. Fiscal Year Covered From:	
4163	如/姓/整婚 Through: 图/数/图频	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name LUCKACIO III ILVEU	Name Joles Utilities 14550	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, If any PENAMER	
Street 193 At 60 30	Street	
City College City	City (lenstrate	
State #### ZIP Code + 4	State AUDINA ZIP Code + 4 55940	
5. Position in labor organization.		
	and the state of t	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
	* * * * * * * * * * * * * * * * * * * *	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).  Name CARCEL SECTION SOCIETY.	T	
	7.a. Nature of Interest, Transaction, or Income.	
Name CHECKE LECTIC SOFFICE SIE	7.a. Nature of Interest, Transaction, or Income.  Ulfreigh Ling Fewer Regentro	
Name CHARLE FREATIC COOPERS TIPE  Trade Name, If any:	7.a. Nature of Interest, Transaction, or Income.	
Name CHECKE BELTIC COPPET THE  Trade Name, If any:  P.O. Box, Bldg., Room No., if any PO DOWNER  TO DOWNER OF THE PROPERTY OF	7.a. Nature of Interest, Transaction, or Income.  Ulfreigh Ling Fewer Regentro	
Name CHECKE SECTIC CONFIGURE  Trade Name, if any:  P.O. Box, Bidg., Room No., if any PO DOWN DUST Street  Street SO ON WALL CHECKET BY PUSS.	7.a. Nature of Interest, Transaction, or Income.  (E) (C(1)+1)	
Name CHECKE ARCATIC CONCACAL LIPE  Trade Name, If any:  P.O. Box, Bidg., Room No., if any PO DEALER CONCACAL CO	7.a. Nature of Interest, Transaction, or Income.  (E) (C(1))	
Name CHECKE ARCATIC CONCACAL LIPE  Trade Name, If any:  P.O. Box, Bidg., Room No., if any PO DEALER CONCACAL CO	7.a. Nature of Interest, Transaction, or Income.  (E) (C(1))	
Name CHACLE ARCATIC CONTROL FIRE  Trade Name, if any:  P.O. Box, Bidg., Room No., if any PO DEALER  Street City Chacle Control	7.a. Nature of Interest, Transaction, or Income.  (**PICE   **PICE   **PICE	

VENDOR ANALYSIS REPORT CHEROKEE ELECTRIC COOP. FROM 01/01/05 TO 12/31/05 ALL INVOICES RUN DATE 03/07/0 ACCT 232.00 P. G. VENDANAL TAX PAID CKI INVOICE DESCRIPTION REF NUM PAYDTE AMOUNT INVOICE DATE PO NO VENDOR: CHEROKEE FENCE COMPANY 3056 100 50.00 07: .00 072105 50.00 072105 CUSTOMER REPAIRS 072105

VENDOR TOTAL:

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